

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000033710**

1. Entity Name  
**COASTAL ANGLER MAGAZINE, LLC**



Principal Place of Business  
**265 SOUTH ROBERT WAY  
SATELLITE BEACH, FL 32937 US**

Mailing Address  
**PO BOX 373257  
SATELLITE BEACH, FL 32937 US**



04092005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**06-1691549**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**IRENE SMITH, KAREN  
265 SOUTH ROBERT WAY  
SATELLITE BEACH, FL 32937**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
IRENE SMITH, KAREN  
265 S ROBERT WAY  
SATELLITE BEACH, FL 32937**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
RODNEY SMITH, JAMES II  
265 S ROBERT WAY  
SATELLITE BEACH, FL 32937**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ROHMANN, ROBERT  
2 INWOOD WAY  
SATELLITE BEACH, FL 32937**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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04/13/05-80086-006 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Karen Smith 4-08-05 321-711-2713  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #